

<b>Case Number:</b>	CM14-0031431		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	11/05/2009
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63 year old female was injured on 11/5/09. The mechanism of injury is not clear. She has bilateral shoulder pain with pain intensity of 7/10 (1/9/14) that has remained unchanged from 12/12/13 visit. In 2010 and 2012 the injured worker underwent a right rotator cuff repair. Her right shoulder has restricted flexion due to pain. Hawkins sign and shoulder crossover are positive. There is tenderness on palpation in the acromioclavicular joint, biceps groove, glenohumeral joint and subdeltoid bursa. Her left shoulder has restricted range of motion. Crank's test and Apprehension test are positive. There is tenderness on palpation in the glenohumeral joint and subdeltoid bursa. Motor, sensory and reflexes are normal. Her diagnosis is shoulder pain. Quality of sleep is poor. Her activity level is unchanged but exactly what that is, is unclear. Medications (1/9/14) were Lidoderm Patch, Neurontin, Flexeril, Norco, Atenolol, Diovan, Metformin, Xanax and Aspirin. She reports that medications are less effective. 11/14/13 laboratory tests to determine current level of prescription medications were positive for Hydrocodone and this is consistent with current medication regimen. There is no clear documentation of level of function. She is currently permanent and stationary and is not working. On 1/29/14 Utilization Review non-certified Flexeril 10 mg # 60 based on documentation that the injured worker has been obtaining Soma and Flexeril through her private insurance and that the recommendation for Flexeril use is no longer than 2-3 weeks. It appears that multiple providers were prescribing these medications. MTUS Guidelines were referenced.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Flexeril 10mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril along with opioids. The Flexeril was prescribed by multiple provides and had been given for longer than a week's use. Long-term use of Flexeril is not medically necessary.